

Medicaid Extensions Unit

Preface

The purpose of this unit is to set **extensions** (9.0.0) when:

1. AFDC-Medicaid closes solely because earnings and/or hours of employment increase;
2. AFDC-Medicaid closes solely because the earned income disregard ends;
3. AFDC-Medicaid closes solely because child support payments increase;
4. AFDC-Medicaid closes solely because both child support payments and earnings increase; or when
5. Pregnancy ends and no other Medicaid coverage the person is entitled to is more beneficial than the extension.

The Unit ends Medicaid extensions when no one in the **AFDC-Medicaid group** is employed and the extension depends upon a member of the group being employed. The AFDC-Medicaid group consists of the persons in a **household** who are nonfinancially eligible for AFDC-Medicaid. A household consists of all the people living together in or temporarily absent from the same residence.

The **most recent pregnancy** is the most recent pregnancy that has already ended. A person who is pregnant does not meet the definition. Her most recent pregnancy has not yet ended.

Instructions

Start by testing each household member, one at a time, in this unit. Note that some questions ask about everyone in the household and some ask about individuals.

Use the Medicaid Extensions Worksheet. Fill out the identifying information at the top of the worksheet and write each household member's name at the top of a column. If there are more household members than columns, or more extensions than sections of the worksheet, use additional worksheets.

For pregnancy extensions use only lines 2, 5, 6, and 7 of the worksheet.

On line 6, "C" means categorically needy, "M" means medically needy, and "HS" means Healthy Start.

Use the Medicaid Nonfinancial Worksheet to record the extension. Complete the same information at the top that you completed on the Medicaid Extensions Worksheet.

	01.	Is this person covered by health insurance? <u>If yes</u> , go to 02. <u>If no</u> , go to 08.	AFMC,AFMI
	02.	Does this person or this person's caretaker have the power to provide health insurance information about this person? <u>If yes</u> , go to 03. <u>If no</u> , go to 08.	
	03.	Is this person or this person's caretaker cooperating with the agency in providing the health insurance information? <u>If yes</u> , go to 08. <u>If no</u> , go to 04.	
7.3.0	04.	Is there good cause for not cooperating? <u>If yes</u> , go to 08. <u>If no</u> , go to 05.	
3.2.0	05.	Is this person a caretaker of a minor or an 18-year-old in the household? <u>If yes</u> , Go to 06. <u>If no</u> , go to 07.	ANHR
	06.	Is this caretaker a minor or 18-year-old? <u>If yes</u> , s/he is eligible thus far. Go to 14. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 15.	
3.1.2	07.	Is this person a minor or an 18-year-old? <u>If yes</u> , s/he is eligible thus far. Go to 14. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 15.	ANID
7.2.3	08.	Has the Child Support Agency informed you in writing that the caretaker has failed to cooperate in providing medical support liability information? <u>If yes</u> , go to 09. <u>If no</u> , go to 14.	APNC

	09.	Is there good cause for not cooperating? <u>If yes</u> , go to 14. <u>If no</u> , go to 10.	
7.4.0	10.	Is this a pregnant woman ? <u>If yes</u> , she is eligible thus far. At the end of the month of the 60th day on which her pregnancy ends, she becomes ineligible if she does not cooperate. Go to 14. <u>If no</u> , go to 11.	ANIQ,ANPI
	11.	Is this person a caretaker of a minor or 18-year-old in the household? <u>If yes</u> , Go to 12. <u>If no</u> , go to 13.	ANHR
	12.	Is this caretaker a minor? <u>If yes</u> , s/he is eligible thus far. Go to 14. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 15.	
	13.	Is this person a minor or an 18-year-old? <u>If yes</u> , s/he is eligible thus far. Go to 14. <u>If no</u> , s/he is ineligible until s/he cooperates. Go to 15.	ANID
1.0.0	14.	Is this person a Wisconsin resident ? <u>If yes</u> , this person may be eligible for an Medicaid extension. Go to 15. <u>If no</u> , this person isn't eligible for an Medicaid extension. Go to 15.	
	15.	Is there any household member you haven't tested yet in this unit? <u>If yes</u> , pick 1 and go back to 01. <u>If no</u> , go to 16.	

16. Is there any household member who may be eligible for a Medicaid extension?

If yes, go to 17.

If no, no one in the household is eligible for a Medicaid extension in this determination. Go to the Initial Unit.

17. Was anyone in the household discontinued from AFDC-Medicaid in the 12 months before the month you're determining eligibility for? AQCS,AQIE

If yes, pick one person who was discontinued and go to 18.

If no, no one is eligible for an extension due to loss of AFDC-Medicaid. Go to 35.

18. Was this person discontinued from AFDC-Medicaid more than once in the 12 months before the month you're determining eligibility for?

If yes, pick this person's earliest AFDC-Medicaid closure in the 12 month period. Go to 19.

If no, go to 19.

19. Go to the next available section of the worksheet. On line 1 under this person's name, enter the SSN of the person who was the **primary person** of the AFDC-Medicaid group that was discontinued. Go to 20.

Initial Unit

20. Did AFDC-Medicaid close solely because the \$30 1/3 disregard ended (MET)?

If yes, go to 21.

If no, go to 23.

21. Did anyone in the AFDC-Medicaid group receive AFDC-Medicaid in at least 3 of the 6 months immediately before the month in which s/he or the AFDC-Medicaid group became ineligible?

If yes, write "30 1/3" on line 2 of the worksheet section for this person. Go to 22.

If no, this person isn't entitled to a Medicaid extension from this AFDC-Medicaid closure. Go to 34.

22. This person is eligible as categorically needy for 12 months after the AFDC-Medicaid end date.

Do the following:

- a. Write "MET" on line 3 of the worksheet section for this person.
- b. Write the extension beginning and ending dates on lines 4 & 5.
- c. Circle "C" on line 6 and write "X2" in the space at the end of the line.
- d. Go to 33.

23. Did AFDC-Medicaid close solely because the \$30 disregard ended (MED)?

If yes, go to 24.

If no, go to 26.

24. Did anyone in the AFDC-Medicaid group receive AFDC-Medicaid in at least 3 of the 6 months immediately before the month in which s/he or the AFDC-Medicaid group became ineligible?

If yes, write "\$30" on line 2 of the worksheet section you're currently using for this person. Go to 25.

If no, this person isn't entitled to a Medicaid extension from this AFDC-Medicaid closure. Go to 34.

25. This person is eligible as categorically needy for 12 months after the AFDC-Medicaid end date.

Do the following:

- a. Write "MED" on line 3.
- b. Write the extension beginning and ending dates on lines 4 & 5.
- c. Circle "C" on line 6 and write "X3" in the space at the end of the line.
- d. Go to 33.

26. Did AFDC-Medicaid close for any of the following reasons:

- a. Solely due to increased hours of employment, or
- b. Solely due to increased earnings, or
- c. Solely due to both increased hours of employment and increased earnings?

If yes, write the AFDC-Medicaid closure reason(s) on line 2 of the worksheet section you're currently using for this person. Go to 28.

If no, go to 27.

27. Did AFDC-Medicaid close solely because:

- a. Both child support payments and earnings increased, or
- b. Earnings increased but child support did not?

If yes, write the AFDC-Medicaid closure reason(s) on line 2 of the worksheet section you're currently using for this person. Go to 28.

If no, go to 30.

28. Did anyone in the AFDC-Medicaid group receive AFDC-Medicaid in at least 3 of the 6 months immediately before the month in which s/he or the AFDC-Medicaid group became ineligible?

If yes, go to 29.

If no, this person isn't entitled to a Medicaid extension from this AFDC-Medicaid closure. Go to 33.

9.2.0

29. This person is eligible as categorically needy for 12 months after this AFDC-Medicaid end date, as long as at least one member of the AFDC-Medicaid group remains employed during that time.

End the extension any time there isn't at least one employed member of the AFDC-Medicaid group. But if s/he becomes unemployed and the loss of employment is **temporary**, do not end the extension.

Do the following:

- a. Write "MEI" on line 3 of the worksheet section you are currently using for this person.
 - b. Write the extension beginning and ending dates on lines 4 & 5.
 - c. Circle "C" on line 6 and write "X1" in the space at the end of the line.
 - d. Go to 33.
30. Did AFDC-Medicaid close solely because of an increase in child support payments?
- If yes, write the AFDC-Medicaid closure reason(s) on line 2 of the worksheet section you're currently using for this person. Go to 31.
- If no, this person isn't entitled to a Medicaid extension from this AFDC-Medicaid closure. Go to 33.
31. Did anyone in the AFDC-Medicaid group receive AFDC-Medicaid in at least 3 of the 6 months immediately before the month in which s/he or the AFDC-Medicaid group became ineligible?

If yes, go to 32.

If no, this person isn't entitled to a Medicaid extension from this AFDC-Medicaid closure. Go to 33.

32. This person is eligible as categorically needy for 4 months after the AFDC-Medicaid end date.

Do the following:

- a. Write "MEC" on line 3 of the worksheet section you are currently using for this person.
- b. Write the extension beginning and ending dates on lines 4 & 5.
- c. Circle "C" on line 6 and write "E2" in the space at the end of the line.
- d. Go to 33.

33. Was there at least one more AFDC-Medicaid discontinuance for this person in the 12 months before the month you're determining eligibility for? AQIE,AQAS

If yes, for that 12 month period, pick his/her earliest closure that you haven't yet tested in this unit, and go back to 19.

If no, go to 34.

34. Was any other household member discontinued from AFDC-Medicaid in the 12 months before the month you're determining eligibility for? AQCS,AQAE

If yes, pick one of these persons and go back to 18.

If no, go to 35.

35. Did any household member have a pregnancy end before the first of the month you're determining eligibility for? ANIQ,ANPI

If yes, pick one of these household members and go to 36.

If no, go to 40.

36. Did her most recent pregnancy end more than 60 days before the first of the month you're determining eligibility for?

If yes, she is not eligible for any Medicaid extension that would result from the end of a pregnancy. Go to 39.

If no, she may be eligible for a Medicaid extension because of the end of her pregnancy. Go to 37.

26.0.0

37. Was she a Medicaid or **Medicaid Healthy Start** recipient when her most recent pregnancy ended?

AQIE

If yes, go to 38.

If no, she isn't eligible for a Medicaid extension due to the end of a pregnancy. Go to 39.

38. She is eligible as categorically needy or medically needy through the end of the month that includes the 60th day after the end of her most recent pregnancy. Do the following:
- In the next available section of the worksheet, on line 2 in this person's column, write the pregnancy end date.
 - Starting with the day after the pregnancy ended as day 1, count forward 60 days. The last day of the month in which the 60th day falls is the day the extension ends. Write this date on line 5.
 - Circle "C" or "M" on line 6.

If she was MA U, MA R, MAOU, MAOR, or MHSP: Write MEP on line 3, and E3 on line 6.

If she was NAOR or NHSP: Write NEP on line 3, and E4 on line 6.
 - Go to 39.

39. Did any other household member's pregnancy end before the first of the month you're determining eligibility for?

If yes, pick one of these household members and go back to 36.

If no, go to 40.

40. Did any other household member's pregnancy end during the month you're determining eligibility for?

If yes, this person may be eligible for a Medicaid extension if:

- a. She is a Medicaid recipient on the day the pregnancy ends, and
- b. She loses Medicaid eligibility at a later date.
Go to 41.

If no, go to 41.

41. Did you record a Medicaid extension on the worksheet for any household member?

If yes, go to 42.

If no, no one in the household is eligible for a Medicaid extension in this determination.
Go to the Initial Unit.

42. Do the following:

- a. In the rest of this determination, ignore all Medicaid extensions that will expire before the 1st of the month you're determining eligibility for. Write "No" on line 7 of all the worksheet sections (in all columns) where you recorded these extensions.
- b. Pick one household member who is entitled to at least one remaining Medicaid extension and go to 43.

43. Is this person entitled to more than one remaining Medicaid extension?

If yes, go to 44.

If no, do the following:

- a. In this person's column, write "Yes" on line 7 in the section of the worksheet where you recorded the Medicaid extension.
 - b. This person is nonfinancially eligible for Medicaid. In this person's column of the MA Nonfinancial Worksheet, circle "Y" in the "MA Extensions" and "AFDC-related" sections.
 - c. Go to 48.
44. Do any of the remaining Medicaid extensions entitle this household member to categorically needy coverage ("C" is circled on line 6)?

If yes, go to 45.

If no, go to 46.

45. Do the following:

- a. In this household member's column, pick the categorically needy Medicaid extension with the latest end date, and write "Yes" on line 7 in that section of the worksheet.

The Eligibility Date Unit will instruct you whether to certify this person for this Medicaid extension or for regular Medicaid.

- b. In all other sections of the worksheet you've completed for this person, write "No" on line 7.
- c. This person is nonfinancially eligible for Medicaid. In this person's column of the MA Nonfinancial Worksheet, circle "Y" in the "MA Extensions" and "AFDC-related" sections.
- d. Go to 48.

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46. Does any remaining Medicaid extension qualify this household member for medically needy coverage ("M" is circled on line 6)?

If yes, go to 47.

If no, go to 48.

47. Do the following:

- a. In this household member's column, pick the medically needy Medicaid extension with the latest end date and write "Yes" on line 7 in that section of the worksheet.

The Eligibility Date Unit will instruct you whether to certify this person for this Medicaid extension or for regular Medicaid.

- b. In all other sections of the worksheet you've completed for this person, write "No" on line 7.
- c. This person is nonfinancially eligible for Medicaid. In this person's column of the MA Nonfinancial Worksheet, circle "Y" in the "MA Extensions" and "AFDC-related" sections.
- d. Go to 48.

48. Is there another household member with at least one Medicaid extension that ends later than the first of the month you're determining eligibility for?

If yes, pick one of these household members and go back to 43.

If no, go to the Initial Unit.